

those applying to the 'medical training application service' (MTAS) in 2006.

**Methods:** The Association of Surgeons in Training (ASiT) developed an online questionnaire at the time of MMC implementation. A paired, self-reported online survey was re-issued to original respondents in 2013, mapping their working patterns since MMC and utilising Likert scales to assess perceived satisfaction with the MTAS/MMC changeover.

**Results:** Of 1005 primary respondents, 142 were no longer contactable. 195 (23%) completed follow-up (M:F 76:24, median age: 36). 99% of respondents were still working in the medical profession. 80.3% remained in a surgical speciality. 53.3% made >1 unsuccessful application to a national training number (NTN), with 8.7% still without one. An overwhelming majority reported negative experiences of MMC (86.2%) and detriment to quality of life (81.7%). 56.5% considered continuing their careers abroad, with 10% eventually doing so.

**Conclusions:** The attrition rates from surgery, the medical profession in general and the United Kingdom demonstrate the lasting effects on professional's careers resulting from the mismanaged implementation of MMC.

#### 1162: THE ASSOCIATION OF SURGEONS IN TRAINING (ASiT) FOUNDATION SKILLS IN SURGERY COURSE: 6 YEARS OF ASPIRING SURGEONS

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**Introduction:** The Association of Surgeons in Training (ASiT) has run Foundation Skills in Surgery (FSS) courses for six years. Aimed at senior medical students and Foundation (FY) doctors, FSS focuses on basic surgical skills, offering an overview of surgery. This study evaluates the course and career progression of delegates.

**Methods:** A non-mandatory online questionnaire was distributed via email to previous FSS delegates. Questions focused on demographics, career intentions and course feedback.

**Results:** Of 214 delegates, 72 responded (35.0%); 58.0% were male. At the time of survey, 27.7% were FYs, 27.5% Core Surgical Trainees, and 15.9% fifth-year students. 40.6% attended at FY1 and 17.4% as fourth-years students. At the course, 89.9% intended on surgical careers; 85.5% currently intend. The most popular specialities are Orthopaedics (26.2%) and General Surgery (18.0%). 95.7% would recommend FSS, with 94.2% feeling it benefitted their surgical training. >50% said the course 'very much' enhanced their basic surgical knowledge; 81.2% felt 'more confident' in surgical skills. Most enjoyable course aspects were high tutor:delegate ratio, practice, and orthopaedic skills. Suggested improvements included advanced suturing and higher practical:lecture ratio.

**Conclusions:** Evaluation of the current course format indicates it is successful in meeting its aims, with high reported satisfaction from delegates.

#### 1197: MENTAL PRACTICE RESTORES SURGICAL PERFORMANCE FOLLOWING SLEEP DEPRIVATION: A RANDOMISED CONTROLLED TRIAL

Anneka Varma\*, Rasiah Bharathan, Sonal Arora, Rajesh Aggarwal, Ara Darzi. *Imperial College London, London, UK.*

**Introduction:** To investigate the efficacy of mental practice (MP) and physical practice (PP) in restoring surgical performance following sleep deprivation.

**Methods:** 31 novice surgeons underwent curriculum based simulation training in laparoscopic cholecystectomy. The 3 stages of performances were (1) rested, (2) following 24 hour of sleep deprivation and (3) 5-7 days later in a rested state. Epworth sleepiness scale (ESS), mental imagery questionnaire (MIQ), global rating scale (GRS) and simulator metrics served as outcome parameters.

**Results:** At baseline no difference in psychomotor aptitude existed. In the rested state, no significant differences were observed between the groups with regards to ESS scores or performance quality, however the MP group had higher MIQ scores than the control (median 44 versus 43;  $p=0.043$ ). Following sleep deprivation the performance quality of control and PP groups significantly deteriorated [23 & 21.5 ( $p=0.001$ ) and 22.5 & 20 ( $p=0.035$ ) respectively] whilst MP group (23 & 23  $p=0.52$ ) maintained a performance equivalent to the rested state. Comparison of all outcome

measures between the rested and rested states 5-7 days later demonstrated the absence of a learning effect.

**Conclusions:** MP can counter the effects of sleep deprivation on the quality of surgical performance. Further study amongst trainees is warranted to appraise the full benefits of MP.

#### 1198: AUDIT OF STAFF KNOWLEDGE REGARDING POST-OPERATIVE DIETARY STAGES IN A DISTRICT GENERAL HOSPITAL

Ertong Yang\*, Shaikat Majid. *Princess Royal University Hospital, Farnborough, UK.*

**Introduction:** Following abdominal surgery, it is normal practice to reintroduce feeding in a stepwise manner in order to minimise symptoms of post-operative ileus. I aimed to audit how well staff understood these stages and their implementation.

**Methods:** I audited against the local trust guidelines as I could not find any relevant national guidelines. I created a questionnaire that tested whether staff knew the order of the post-operative dietary stages. I also asked them to put example foods into the correct categories. I involved all relevant staff groups: Doctors, Nurses, Dieticians, Pharmacists, and HCAs.

**Results:** I received 59 responses. Only 44% correctly stated the order of post-operative dietary stages. The mean score for identifying the group that foods belonged to was 57%. Doctors did the worst of all professions (50% total, senior doctors 54%, junior doctors 46%). The best scoring group were dieticians - 66%, and 100% knew the correct order.

**Conclusions:** There is a lack of knowledge - especially among doctors - regarding the post-operative dietary stages. I feel that this is due to insufficient education on this topic. I am currently rewriting the guidelines and will arrange for there to be teaching on the new guidelines.

#### 1203: TRAINING IN LAPAROSCOPIC TOTAL EXTRA-PERITONEAL HERNIA REPAIR: SAFE UNDER EXPERIENCED SUPERVISION WITH SIGNIFICANT PERFORMANCE IMPROVEMENT

Richard Booth\*, Fergus Noble, Christian Wakefield. *Royal Hampshire County Hospital, Winchester, Hampshire, UK.*

**Introduction:** Laparoscopic total extra-peritoneal (TEP) hernia repair is perceived as technically demanding with a long learning curve. We aimed to establish whether TEP hernia repair is safe for trainees to perform under supervision and if trainee operating times improve over a placement.

**Methods:** A retrospective analysis of consecutive TEP hernia repairs performed under the care of a single consultant between April 2002 and November 2013. Statistical analysis was conducted using Mann-Whitney U test, Wilcoxon W test and Pearson correlation coefficient.

**Results:** 1106 TEP hernia repairs were performed on 804 male and 37 female patients (530 as bilateral), median age 57 (range 16-91). 49.6% of hernia repairs were performed by trainees. Trainee operating time improved over a six month placement, reaching statistical significance for unilateral cases (month 1-3: 48 min vs month 3-6: 43 min,  $P=0.028$ ). The overall peri-operative morbidity rate was 3.7% (41 cases), with no significant difference in consultant vs trainee morbidity rates (4.3% and 3.1% respectively,  $P=0.416$ ), or morbidity types. Overall recurrence rate was 1.3%.

**Conclusions:** Trainees can safely perform TEP hernia repair under supervision, with no difference in post-operative morbidity. Trainees demonstrate significant improvement in operating time for unilateral repair during an attachment.

#### 1208: EARLY WARNING! PODCASTS REALLY CAN SAVE LIVES!

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**Introduction:** To standardise junior doctors' induction on the early warning score (EWS), and increase the rate of patient escalation to critical care teams.

**Methods:** An induction podcast (<https://vimeo.com/80420216>) on the EWS was created by a consultant anaesthetist. Targeted at junior doctor level, it contained an introduction to the EWS and how to escalate patients to critical care teams. The podcast was uploaded to the trust website and the link e-mailed to all junior doctors commencing their rotations in December 2013.

**Results:** Medical escalation is one of five EWS targets which form part of EWS CQUIN (Commissioning for Quality and Innovation). The yearly target